



COVID-19 Vaccine Management System (CVMS) - Provider Portal

Offer Your Extra Vaccines Through Vaccine Marketplace Job Aid

If you have a surplus of COVID-19 vaccine doses, use the **VACCINE MARKETPLACE** in the CVMS Provider Portal to directly coordinate with another provider and agree to transfer COVID-19 vaccine doses.

Please follow the instructions below to learn:

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 - 3.1 Extend or Close your Post (if not expired)11
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Note: Only users with a HEALTHCARE LOCATION MANAGER profile can request doses from other healthcare providers.

1 How to Post an Offer for your Extra Vaccines on the Vaccine Marketplace

1. Navigate to the **VACCINE MARKETPLACE** tab in the CVMS Provider Portal.
2. Click on **NEW SEEK TRANSFER MATCH**.

The screenshot shows the NCDHHS CVMS Provider Portal interface. The 'Vaccine Marketplace' tab is highlighted in the top navigation bar. Below the navigation bar, there is a section with instructions and a 'New Seek Transfer Match' button highlighted in red.

3. Complete the New Order: Seek Transfer Match form with the following details:

The screenshot shows the 'New Order: Seek Transfer Match' form. The 'Seek Transfer Match Details' section is highlighted with a red box. Below it, the 'Additional Details if Extra (To Send Outbound)' section is also highlighted with a red box, showing fields for 'Associated Vaccine Inventory' and 'Auto-update Available Doses? (All)'.

- **Read the instructions** at the top of window
- **Request Type:** select “Extra (to Send Outbound)”
- **Order Start Date:** enter today’s date
- **Account Name:** select your location account name
- **Status:** select **ACTIVE**
- **Doses:** enter the number of doses you are offering
- **HCP Contact Name/phone/email:** who to contact to agree on the transfer
- **Additional Comments:** be as detailed as possible. For example, “These Extra doses of 400 doses are

Requesting Provider to check box below to confirm adherence to each requirement:

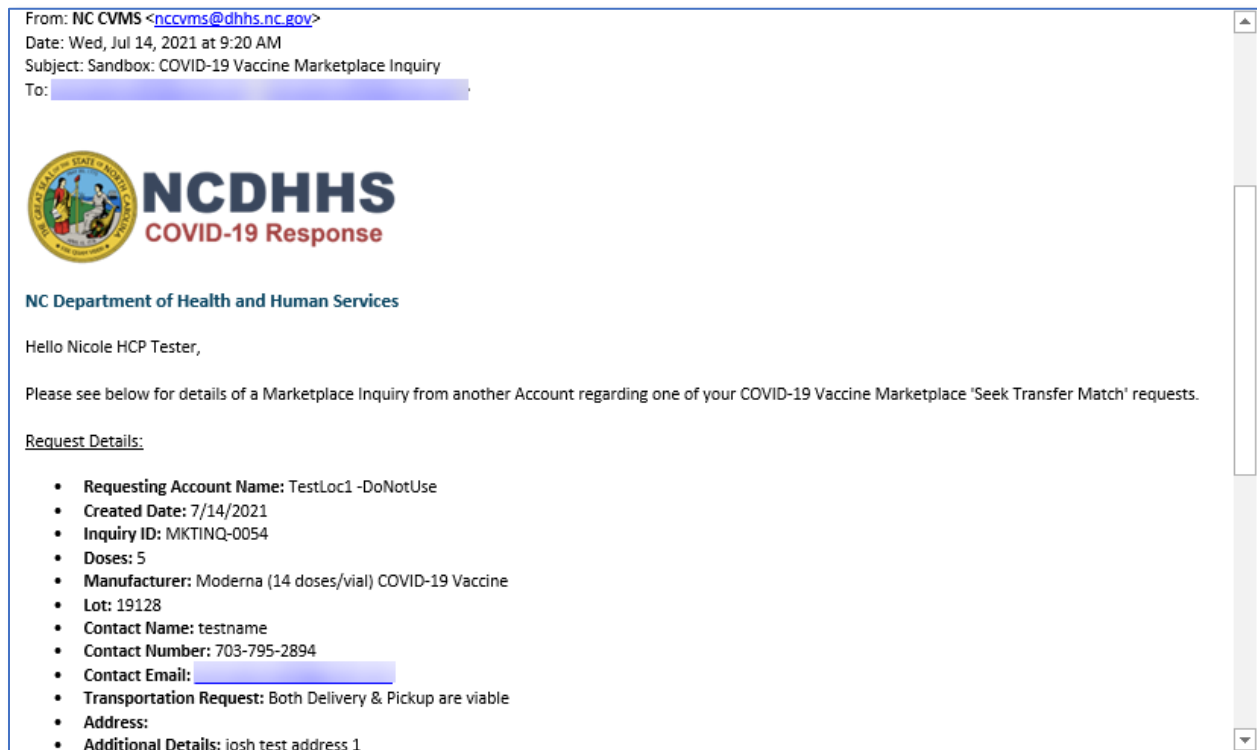
Adherence to all Requirements



split over six separate inventories. Here are the number of doses per lot and expiration date: xxx – xx/xxxx”

- **Associated Vaccine Inventory:** select the lot number you are offering. If you scroll down, there is a section allowing to declare multiple inventories.
- **Additional Transportation/Storage Details:** enter details on the storage conditions (optional)
- **ADHERENCE TO ALL REQUIREMENTS:** read requirements 1 and 2 and select the checkbox to agree to them.
- Click **SAVE**.

4. A provider may express interest in receiving your vaccine by creating a **MARKETPLACE INQUIRY**. You will be notified via email of the inquiry. Note: Interested providers might also contact you directly by email or phone.



5. To view all the inquiries received on a listing, navigate to the Vaccine Marketplace home.
6. Open your Seek Transfer Match.
7. Click on the **RELATED** tab.
8. Click on the **MARKETPLACE INQUIRY NAME** link to open it.



Home Recipient Appointments Locations Bulk Registration Vaccine Inventory Vaccine Marketplace Shipments More ▾

Order
ORD-0017742 Create Inquiry Edit Clone

Account Name [Asheville Location](#) Status Active Product Pfizer-BioNTech (6 doses/vial) (195 MDV) COVID-19 Vaccine Doses Available for Transfer 600 Auto-Update Available Doses? (All) ☒ Order Start Date 10/12/2021

DETAILS **RELATED**

Marketplace Inquiries (2) New

Marketplace Inquiry Name	Status	Requesting Account	Doses Requested
MKTINQ-0013	Open	Asheville Location	300 ▾
MKTINQ-0014	Open	Asheville Location	100 ▾

[View All](#)

- Review the inquiry. Contact the listed provider to coordinate the transfer. Click on **CREATE TRANSFER**. The information from the Seek Transfer Match will auto populate.
- Complete the transfer procedure as normal.

Home Recipient Appointments Locations Bulk Registration Vaccine Inventory Vaccine Marketplace Shipments More ▾

Marketplace Inquiry
MKTINQ-0013 Create Transfer Edit Clone ▾

DETAILS RELATED

Information

Doses Requested 300	Order (Marketplace Request) ORD-0017742
Marketplace Inquiry Name MKTINQ-0013	Status Open
Requesting Account Asheville Location	Contact Name Darrell Lee
Transportation Request Both Delivery & Pickup are viable	Contact Phone 212-123-1234
Which Address to Use? Shipping Address (from my Account)	Contact Email darrell.lee@mailinator.com
Address 222 ccc, North Carolina 22222 County: Scotland	Warning Details (System Detected)
Additional Details (Optional)	

How may I help you?
[Click here >>](#)

- Once the transfer has been approved, open the applicable inquiry. Edit the enquiry either by selecting **EDIT** or clicking the **PENCIL ICON** next to **STATUS**. Select **COMPLETED** (or other applicable status).



Home Recipient Appointments Locations Bulk Registration Vaccine Inventory Vaccine Marketplace Shipments More ▾

Marketplace Inquiry
MKTINQ-0013

Create Transfer **Edit** Clone ▾

DETAILS RELATED

▼ Information

Doses Requested 300	Order (Marketplace Request) ORD-0017742
Marketplace Inquiry Name MKTINQ-0013	Status Open
Requesting Account Asheville Location	Contact Name Darrell Lee
Transportation Request Both Delivery & Pickup are viable	Contact Phone 212-123-1234
Which Address to Use? Shipping Address (from my Account)	Contact Email darrell.lee@mailinator.com
Address 222 ccc, North Carolina 22222 County: Scotland	Transfer Warning: <input type="checkbox"/>
Additional Details (Optional)	Warning Details (System Detected)

How may I help you?
[Click here >>](#)

* Status

Open ▾

--None--

✓ Open


Completed


Cancelled by Requestor


Rejected by Reviewer

12. Return to the **SEEK TRANSFER MATCH**. Either select **EDIT** or click the **PENCIL ICON** next to **STATUS**.



**NCDHHS**
CVMS Provider Portal

[Home](#) [Recipient](#) [Appointments](#) [Locations](#) [Bulk Registration](#) [Vaccine Inventory](#) [More](#) 


 **Order**
ORD-0017342

[Edit](#) [Close](#)

Account Name	Status	Manufacturer	Doses (Number)	Order Start Date
Training Team Vaccine Provider - Site 1	Active		300	6/9/2021

DETAILS

RELATED

 **COVID-19 Vaccine Seek Transfer Match Instructions**


Seek Transfer Match Instructions


Please note, this is a request to seek a transfer match with other provider locations. Use this form to indicate if you have extra vaccine available for transfer to other provider locations OR if you need additional vaccine at your location. This is NOT a request for State allocation and is intended to aid in communication and coordination between provider locations. Please see the steps below that outline how to use the Vaccine Marketplace:


- Fill out this form to request additional inventory as transfer or to transfer out inventory from your provider location.
- Monitor the Vaccine Marketplace to identify a 'match' for your need.
- Once a match is identified, work directly with the provider to coordinate transport. Vaccine cannot be transported until the transfer in CVMS is approved.
- The provider location transferring out vaccine doses will initiate a transfer in CVMS. Please see this user guide with exact instructions: <https://covid19.ncdhhs.gov/media/2316/download/attachment>
- The State will review and approve the transfer request if it meets all requirements.

Doses per Vial Reminder


All inbound and outbound requests must be made in increments of doses available in full and unopened vials: 6 doses per vial for Pfizer, 10 doses per vial for Moderna, 5 doses per vial for Janssen (J&J).

 **Seek Transfer Match Details**


Request Type	Order Start Date
Extra (to Send Outbound)	6/9/2021
Account Name	Status
Training Team Vaccine Provider - Site 1	Active
Doses (Number)	Status Indicator
300	
County	HCP Contact Name
Wake	Ernest Celestine
City	HCP Contact Phone
Raleigh	222-333-4444
Additional Comments (Optional)	HCP Contact Email
	ernest.celestine@test.test

 **Additional Details if Extra (To Send Outbound)**

Associated Vaccine Inventory	Lot Transferred
Lot 1234567 - exp 1/1/2022	1234567
Vaccine Product to Transfer	Doses Per Vial (Number)
Pfizer-BioNTech (6 doses/vial) (195 MDV) COVID-19 Vaccine	6
Expiration Date	Sending Location Parent Account (Org)
1/1/2022	Training Team Vaccine Provider

 **Additional Details if Wanted (To Receive Inbound)**

Manufacturer
Brand



13. Change the **STATUS** to **CLOSED/INACTIVE** (or other applicable status).



* Status

Closed/Inactive

--None--

Active

✓ Closed/Inactive


Auto-Lapsed (Old)

Incomplete

555-555-6666

14. Scroll down to **INACTIVATION REASON** and select the appropriate reason. Click **SAVE**.

Status Indicator



* HCP Contact Name

Darrell Lee

* HCP Contact Phone

555-555-6666

* HCP Contact Email

darrell.lee@mailinator.com

Primary Hub Associated to this Location? ⓘ

Hub 1

Transport: Pickup, Deliver, or Both? ⓘ

Inactivation Reason ⓘ

Completed (single Transfer)

Save

ate Available Doses? (All) ⓘ



--None--

✓ Completed (single Transfer)

Completed (multiple Transfers)

Fulfilled w/o using Marketplace

Unfulfilled or No longer applicable

Created in Error

Auto-Lapsed (Weeks w/o Modification)

Inactivation Reason ⓘ

Completed (single Transfer)

2 How to Transfer your Inventory

1. If you agree with the conditions of transfer with another provider, you can **INITIATE AN OUTBOUND TRANSFER**.
2. Navigate to the **VACCINE INVENTORY** tab in the CVMS Provider Portal and select the Vaccine Inventory record from which the doses you have agreed to transfer will come.

Home Recipient Appointments Locations Bulk Registration **Vaccine Inventory** Vaccine Marketplace Shipments More ▾

Scan or type a barcode Add Waste Insufficient Quantity Inbound Transfer Outbound Transfer

Vaccine Inventories

All Vaccine Inventories ▾

50+ items • Sorted by Created Date • Filtered by All vaccine inventories • Updated a few seconds ago

Search this list...

Vaccine Inve...

NDC (Pro...

Account Name

Product Name

Lot

To...

Do...

D...

Ex...

D...

Status

Expiration D...

Date Received

Created D...

1

34567 - 2 Delive...

59267-1000...

Solutions Loc3

Pfizer-BioNTech...

34567

1,200

1,196

0

3

Available

12/31/2021, 12:...

10/11/2021, 2:3...

10/11/2021, 2:...

2

34567 - 1 Delive...

59267-1000...

Solutions Loc3

Pfizer-BioNTech...

34567

0

0

0

0

Complete

12/31/2021, 12:...

10/11/2021, 2:2...

10/11/2021, 2:...

3

6789 - 2 Delive...

59267-1000...

Solutions Loc1

Pfizer-BioNTech...

6789

0

0

0

0

Complete

12/31/2021, 12:...

9/27/2021, 2:29 ...

9/27/2021, 2:...

4

6789 - 1 Delive...

59267-1000...

Solutions Loc1

Pfizer-BioNTech...

6789

1,200

1,195

1

3

Available

12/31/2021, 12:...

9/27/2021, 2:21 ...

9/27/2021, 2:...

5

23456 - 1 Delive...

80777-0273...

Solutions Loc2

Moderna (10 M...

23456

1,000

1,100

0

100

0

Available

12/31/2021, 12:...

9/17/2021, 11:1...

9/17/2021, 11:...



3. Click on the **RELATED** tab then click **NEW** to create a new **ORDER**.

The screenshot shows the 'Vaccine Inventory' page for 'Lot 99999 - 4 Delivery 09/13/2021'. The page has a navigation bar with tabs: Home, Recipient, Appointments, Locations, Bulk Registration, Vaccine Inventory (selected), Vaccine Marketplace, Shipments, and More. Below the navigation bar, there's a summary table with columns: Account (Solutions Loc2), Total Doses (1,200), Doses Available (1,200), Doses Administered (0), Doses Wasted (0), and Doses Insufficient Quantity (0). Below the table, there's a 'DETAILS' section with a 'RELATED' tab highlighted by a red box. Under the 'RELATED' tab, there are two sections: 'Orders (0)' and 'Appointments (0)'. In the 'Orders (0)' section, a 'New' button is highlighted by a red box. To the right of the 'DETAILS' section, there's a 'Consolidate Available Doses' button.

4. Select **TRANSFER OR REDISTRIBUTION**, then click **NEXT**.

The screenshot shows the 'New Order' form. It has a title 'New Order' at the top. Below the title, there's a section 'Select a record type' with two radio button options: 'Transfer or Redistribution' (selected) and 'Seek Transfer Match'. The 'Transfer or Redistribution' option is highlighted by a red box. At the bottom right of the form, there are two buttons: 'Cancel' and 'Next'. The 'Next' button is highlighted by a red box.



5. Complete the **TRANSFER OR REDISTRIBUTION** form.

New Order: Transfer or Redistribution

COVID-19 Vaccine Redistribution/Transfer Request Form

Redistribution/Transfer Instructions
To request redistribution or transfer of COVID-19 vaccine inventory from a location with an approved redistribution agreement (not required for a transfer) on file to a location within their organization (Redistribution) or outside their organization (Transfer), the Sending Provider shall complete and submit this form. Redistribution and transfer requests for COVID-19 vaccines require NC DHHS Immunization Branch approval to ensure proper storage capabilities and tracking of COVID-19 vaccine inventory movements. All COVID-19 vaccine providers must comply with the CDC requirements for vaccine management, including storage and handling, and temperature monitoring at all times. Providers must keep all records related to COVID-19 vaccine management for a minimum of 3 years, or longer if required by law. Please call 1-877-873-6247 if you have any questions.

Transfer Information

*Account Name
Search Accounts...

Vaccine Receiver
Search Accounts...

*Dose Transferred

*Transfer Reason
--None--

Reason for Request

*Status
--None--

Vaccine Receiver (Lookup External Loc)
Search Provider Enrollment (Locations)...

*Vials Transferred

*Order Start Date

Associated Vaccine Inventory
Lot 99999 - 4 Delivery 09/13/2021

Unable to find Vaccine Receiver

Receiving COVID-19 Provider Information (Use Lookup above OR fields below)

Receiving Location Name (CVMS)

Receiving Location Street Address

Receiving Location City

Receiving Location Phone

Receiving Location Zip

Receiving Location Primary Vaccine Coord

Receiving Location Primary Coord Email

Sending Provider to check box below to confirm adherence to each requirement:

☐ Adherence to all Requirements

Requirement 1:
Sending Provider and Receiving Provider location names listed above match exactly how they appear in the COVID-19 Vaccine Management System (CVMS) Provider Enrollment Portal

Requirement 2:
Sending Provider has a completed CDC COVID-19 Vaccine Redistribution Agreement (not needed for Transfers) in the CVMS Provider Enrollment Portal and the Receiving Provider has a fully completed and submitted CDC COVID-19 Vaccine Program Provider Agreement and Profile in the CVMS Provider Enrollment Portal

Requirement 3:
Sending Provider has confirmed with Receiving Provider that they have the appropriate capability and capacity to store the COVID-19 vaccines

Requirement 4:
Sending Provider is not requesting redistribution or transfer of open or partial vials

Requirement 5:
Sending Provider is also shipping associated ancillary kit

Requirement 6:
Only COVID-19 vaccines are listed on this request

Expiration Date Communication
Reminder: Please ensure you have clearly communicated to Receiving Location if the vaccine doses are expiring in <30 days, so they understand the urgency of administering the doses quickly to prevent/reduce waste.

Adherence to Expiration Date Reminder
☐

Approval
Approver's Comments

Sending Location Details

Sending Location Date and Time
Date Time

Sending Location Comments

Cancel Save & New Save

Read the general instructions

Complete Transfer Information:

- **Account name:** select your location name
- **Vaccine Receiver:** select the location name receiving the transfer (use search if necessary)
- **Dose Transferred:** enter the quantity
- **Reason for request:** refer to the marketplace

If the receiving location is not part of your organization, also complete that section:

- **Receiving Account name:** enter again the location name receiving the transfer
- **Location Street, city, zip code:** enter receiving location address information
- **Receiving Location Primary Vaccine Coordinator:** enter contact name phone and email address

Read and Select the **ADHERENCE TO ALL REQUIREMENTS** checkbox

Complete the transfer details only when the transfer has been approved and arranged (see step 9)

6. Review your form and click **SAVE**.

7. NCDHHS will rapidly review the application and approve the transfer.



8. You will receive an email notification indicating that the transfer request order has been approved.



9. Prepare the transferred vials for transport.

Note: You can check the **NCDHHS guidance for transport of COVID-19 vaccine** at <https://covid19.ncdhhs.gov/media/3070/download?attachment>.

10. Once the transfer is initiated, navigate back to the **TRANSFER OR REDISTRIBUTION** record on the **RELATED** tab of the **VACCINE INVENTORY** record. Click **EDIT** then enter the **SENDING LOCATION DETAILS**.

Home Recipient Appointments Locations Bulk Registration Vaccine Inventory Vaccine Marketplace Shipments More ▾

Order
ORD-0004131 Edit

Account Name Solutions Loc3	Vaccine Receiver Better Days Clinic	Status Processing	Dose Transferred 660	Order Start Date 10/11/2021
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DETAILS RELATED

▼ COVID-19 Vaccine Redistribution/Transfer Request Form

Redistribution/Transfer Instructions
To request redistribution or transfer of COVID-19 vaccine inventory from a location with an approved redistribution agreement (not required for a transfer) on file to a location within their organization (Redistribution) or outside their organization (Transfer), the Sending Provider shall complete and submit this form. Redistribution and transfer requests for COVID-19 vaccines require NC DHHS Immunization Branch approval to ensure proper storage capabilities and tracking of COVID-19 vaccine inventory movements. All COVID-19 vaccine providers must comply with the CDC requirements for vaccine management, including storage and handling, and temperature monitoring at all times. Providers must keep all records related to COVID-19 vaccine management for a minimum of 3 years, or longer if required by law. Please call 1-877-873-6247 if you have any questions.

Sending Location Details

Sending Location Date and Time ⓘ
Date Time

Sending Location Comments ⓘ

System Information

Created By
Darrell Lee, 10/11/2021, 2:52 PM

Last Modified By
Darrell Lee, 10/11/2021, 2:54 PM

Doses Per Vial (Number)
6

Cancel Save & New Save

11. Click **SAVE**



3 How to Maintain your Offer Posted on the Vaccine Marketplace

After 21 days, your post on the Vaccine Marketplace will expire. You can extend or close your post prior to the 21 days. After 21 days, you can clone your form and post a new one with the same information.

The screenshot shows the NCDHHS CVMS Provider Portal. The 'Vaccine Marketplace' tab is highlighted in the top navigation bar. Below the navigation bar, there is a section titled 'My Seek Transfer Matches' with a dropdown menu. A table of matches is displayed below, with the first match (ORD-0017342) highlighted in red.

Order Number	Request Type	Status	St...	Act...	Co...	City	Pr...	Brand	D...	Cre...	Las...
1	ORD-0017341	Auto-Lapsed (Old)	Tr...	Wa...	Ral...	P...	30	6/7...	6/7...		
2	ORD-0017342	Wanted (to...)	Auto-Lapsed (Old)	Tr...	Wa...	Ral...	P...	30	6/7...	6/7...	
3	ORD-0017341	Wanted (to...)	Closed/Inactive	Tr...	Wa...	Ral...	M...	100	6/9...	6/9...	
4	ORD-0017342	Extra (to Se...	Active	Tr...	Wa...	Ral...	P...	300	6/9...	6/9...	
5	ORD-0017343	Wanted (to...)	Active	Tr...	Wa...	Ral...	Ja...	300	6/9...	6/9...	

1. Navigate to the **VACCINE MARKETPLACE** tab in the CVMS Provider Portal.

2. Change the view to **MY SEEK TRANSFER MATCHES**.

3. Open the request you wish to extend, close, or clone.

3.1 Extend or Close your Post (if not expired)

The screenshot shows the details of a specific order (ORD-0017342) in the NCDHHS CVMS Provider Portal. The 'Edit' button is highlighted in red. Below the order details, there is a section titled 'COVID-19 Vaccine Seek Transfer Match Instructions' and a 'Seek Transfer Match Details' section.

Order Details:

- Order: ORD-0017342
- Account Name: Training Team Vaccine Provider - Site 1
- Status: Active
- Manufacturer: 300
- Doses (Number): 300
- Order Start Date: 6/9/2021

COVID-19 Vaccine Seek Transfer Match Instructions:

Seek Transfer Match Instructions

Please note, this is a request to seek a transfer match with other provider locations. Use this form to indicate if you have extra vaccine available for transfer to other provider locations OR if you need additional vaccine at your location. This is NOT a request for State allocation and is intended to aid in communication and coordination between provider locations. Please see the steps below that outline how to use the Vaccine Marketplace:

1. Fill out this form to request additional inventory as transfer or to transfer out inventory from your provider location.
2. Monitor the Vaccine Marketplace to identify a 'match' for your need.
3. Once a match is identified, work directly with the provider to coordinate transport. Vaccine cannot be transported until the transfer in CVMS is approved.
4. The provider location transferring out vaccine doses will initiate a transfer in CVMS. Please see this user guide with exact instructions: <https://covid19.ncdhhs.gov/media/2318/download?attachment>
5. The State will review and approve the transfer request if it meets all requirements.

Doses per Vial Reminder

All inbound and outbound requests must be made in increments of doses available in full and unopened vials: 6 doses per vial for Pfizer, 10 doses per vial for Moderna, 5 doses per vial for Janssen (J&J).

Seek Transfer Match Details:

- Request Type: Extra (to Send Outbound)
- Account Name: Training Team Vaccine Provider - Site 1
- Doses (Number): 300
- Status: Active
- Status Indicator: 6/9/2021

4. Click on **EDIT** at the top right corner of the screen.

5. To Extend the request: update the **ORDER START DATE** to Today's date to reinitiate the 21-day count-down.

6. To Close the request: update the **STATUS** to Closed/Inactive and select an **INACTIVATION REASON**.

7. Click **SAVE**.



3.2 Clone your Post (if expired or closed)

The screenshot shows the NCDHHS CVMS Provider Portal interface. At the top, there's a navigation bar with 'Home', 'Recipient', 'Appointments', 'Locations', 'Bulk Registration', and 'More'. Below this, the main content area displays an order form for 'ORD-0017314'. The form includes fields for 'Account Name' (Training Team Vaccine Provider - Site 2), 'Status' (Auto-Lapsed (Old)), 'Manufacturer' (Pfizer-BioNtech), and 'Doses (Number)' (30). A 'Clone' button is highlighted in the top right corner. Below the form, there's a 'DETAILS' section with a 'COVID-19 Vaccine Seek Transfer Match Instructions' and a 'Seek Transfer Match Details' section. The 'Seek Transfer Match Details' section includes fields for 'Order Start Date' (4/7/2021), 'Auto-Lapsed (Old)', 'Status Indicator', 'Account Name', 'Doses (Number)', 'County', 'City', and 'HCP Contact Phone'. The 'Order Start Date' field is highlighted with a red box.

4. Click on **CLONE** at the top right corner of the screen.

5. Update the **ORDER START DATE** to Today's date to reinitiate the 21-day count-down.

6. Update the Status to **ACTIVE**.

7. Update any other fields if necessary.

8. Click **SAVE**.

If you have any questions or issues, please go to the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine and select the "Vaccine Provider" option to submit your question or issue.

You can also call the NC Vaccines Help Desk at **(877) 873-6247** and select option 1. The NC Vaccines Help Desk is available during the following hours:

Monday to Friday: 7:00 a.m. – 7:00 p.m. ET

Saturday: 8:00 a.m. – 4:00 p.m. ET

Sunday: Closed

Version 10 – May 1, 2022